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JAN 28 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group Art Unit: 3753
Examiner: Walberg, Teresa J

In Re PATENT APPLICATION Of:

Applicant(s) : Kuo-Len Lin et al.

Serial No. : 10/724,770

Filed : December 2, 2003

For : FIN ASSEMBLY OF HEAT SINK

Docket NO. : OP-092000284

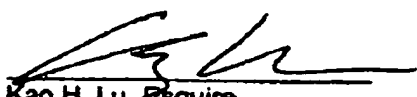
PETITION FOR
ONE-MONTH
EXTENSION OF TIMECommissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

It is respectfully requested that the period for replying to the Examiner's Action dated September 28, 2003 be extended for one month under the provisions of 37 C.F.R. 1.136(a).

Please charge the applicable extension fee of \$80.00 pursuant to 37 C.F.R. 1.17(a) to the Deposit Account, No. 503303.

Respectfully submitted,

January 28, 2005
Date
Kao H. Lu, Esquire
Registration No. 43,761
(610) 446-5886686 Lawson Ave
Havertown, Pa 19083

02/09/2005 DEROS 00000001 503303 10724770

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10724 770

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	19	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	19 minus 20 =	9
INDEPENDENT CLAIMS	1 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

1-28 05

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 8	Minus ** 10	=
Independent	* 1	Minus *** 13	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
X\$ 9=	
X43=	
+145=	
TOTAL	385

RATE	FEE
BASIC FEE	770.00
X\$18=	
X86=	
+290=	
TOTAL	

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL	

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL	

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL	